

Lobbying Firm Activity Authorization

(Government Code Section 86104)

Check one box, if applicable

☒ **Lobbyist Employer**
(Gov. Code Section 82039.5)

☐ **Lobbying Coalition**
(FPPC Regulation 18616.4)

Type or Print in ink

Legislative Session

2019 2020
(Insert Years)

CALIFORNIA
FORM

602

FAIR POLITICAL PRACTICES COMM.
For Official Use Only

NAME OF FILER:

INSURANCE SERVICES OFFICE INC. AND AFFILIATES

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)

JERSEY CITY NJ 07310

MAILING ADDRESS: (If different than above.)

EFFECTIVE DATE:

01/01/2019

TELEPHONE NUMBER:

FAX NUMBER: (Optional)

E-MAIL: (Optional)

QUINTANA,WATTS & HARTMANN

I hereby authorize

(Name of Lobbying Firm)

SACRAMENTO CA 95814

(Business Address)

to engage in the activities of a lobbying firm (as defined in California Government Code Section 82038.5 and 2 Cal. Code of Regs. Section 18238.5) on behalf of the above named employer.

If you are authorizing another lobbying firm to lobby on behalf of your firm's client(s), provide the name(s) of the client(s) below. (It is not necessary to complete the Nature and Interests section.)

Please see attached pages

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/21/2018
DATE

By STEPHEN C. CLARKE,CPCU
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer STEPHEN C. CLARKE,CPCU
PRINT OR TYPE

VICE PRESIDENT,GOVERNMENT RELATI -
Title ONS

Lobbying Firm Activity Authorization

CALIFORNIA
FORM **602**
FAIR POLITICAL PRACTICES COMM.

SEE INSTRUCTIONS ON REVERSE

Type or Print in ink

NAME OF FILER:

INSURANCE SERVICES OFFICE INC. AND AFFILIATES

2/2

Nature and Interests of Lobbyist Employer

Check one box only:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> INDIVIDUAL (Complete only Parts A and E) | <input checked="" type="checkbox"/> BUSINESS ENTITY (Complete only Parts B and E) | <input type="checkbox"/> INDUSTRY, TRADE OR PROFESSIONAL ASSN. (Complete only Parts C and E) | <input type="checkbox"/> OTHER (e.g., lobbying coalition) (Complete only Parts D and E) |
|---|---|--|---|

A. Individual

1. Name and address of employer (or principal place of business if self-employed):

2. Description of business activity in which you or your employer are engaged:

B. Business Entity

Description of business activity in which engaged:

INSURANCE SERVICES OFFICE, INC. AND AFFILIATES ARE A LEADING PROVIDER OF ADVANCED TOOLS AND ANALYTICS FOR THE PROPERTY/CASUALTY INSURANCE INDUSTRY. ISO PRODUCTS AND SERVICES HELP INSURERS UNDERWRITE AND PRICE RISKS WITH GREATER PRECISION AND EFFICIENCY AND MANAGE CLAIMS MORE EFFECTIVELY.

C. Industry, Trade or Professional Association

1. Description of industry, trade, or profession represented:

2. Specific description of any portion or faction of the industry, trade, or profession which the association exclusively or primarily represents:

3. Number of members in association (check appropriate box)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> 50 OR LESS (provide names of all members on an attachment.) | <input type="checkbox"/> MORE THAN 50 |
|--|---------------------------------------|

D. Other

1. Statement of nature and purposes:

2. Description of any trade, profession, or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived:

E. Industry Group Classification

Check one box which most accurately describes the industry group which you represent. See instructions on reverse.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> AGRICULTURE | <input type="checkbox"/> LEGAL |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> PUBLIC EMPLOYEES |
| <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> POLITICAL ORGANIZATIONS |
| <input type="checkbox"/> HEALTH | <input type="checkbox"/> UTILITIES |
| <input type="checkbox"/> LABOR UNIONS | <input type="checkbox"/> OTHER: _____
(Describe in detail) |

BUSINESS (Check one of the following sub-categories.)

- | | |
|---|---|
| <input type="checkbox"/> ENTERTAINMENT/RECREATION | <input type="checkbox"/> OIL AND GAS |
| <input type="checkbox"/> FINANCE/INSURANCE | <input type="checkbox"/> PROFESSIONAL/TRADE |
| <input type="checkbox"/> LODGING/RESTAURANTS | <input type="checkbox"/> REAL ESTATE |
| <input type="checkbox"/> MANUFACTURING/INDUSTRIAL | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> MERCHANDISE/RETAIL | <input checked="" type="checkbox"/> OTHER: YTIC
(Specific Description) |